

EXHIBIT E



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

MWK RECRUITING LLC
Filing Number: 801654759

Certificate of Formation
Public Information Report (PIR)
Certificate of Conversion

September 13, 2012
December 31, 2016
March 12, 2018

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 25, 2018.



A handwritten signature in black ink, appearing to read "R. B. Pablos".

Rolando B. Pablos
Secretary of State

05-102
(Rev. 9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

4 6 1 0 3 4 2 3 3

■ Report year

2 0 1 6

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name

MWK RECRUITING LLC

■ Blacken circle if the mailing address has changed.

Mailing address

2406 Harris Blvd

Secretary of State (SOS) file number or
Comptroller file number

City

Austin

State

TX

ZIP code plus 4

78703

0080164759

 Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

2406 HARRIS BLVD, AUSTIN, TX, 78703

Principal place of business

824 W 10TH STREET SUITE 202, AUSTIN, TX, 78701



You must report officer, director, member, general partner and manager information as of the date you complete this report.

1000000000015

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
MICHELLE KINNEY	OWNER	<input type="checkbox"/> YES	<i>m m d d y y</i> [] [] [] [] [] []
Mailing address 2406 HARRIS BLVD	City AUSTIN	State TX	ZIP Code 78703
Name ROBERT KINNEY	Title CEO	Director <input type="checkbox"/> YES	Term expiration <i>m m d d y y</i> [] [] [] [] [] []
Mailing address 2406 HARRIS BLVD	City AUSTIN	State TX	ZIP Code 78703
Name	Title	Director	Term expiration <i>m m d d y y</i> [] [] [] [] [] []
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution KINNEY RECRUITING LLC	State of formation TX	Texas SOS file number, if any 0801654764	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution KINNEY OVERSEAS LLC	State of formation TX	Texas SOS file number, if any 0801654766	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
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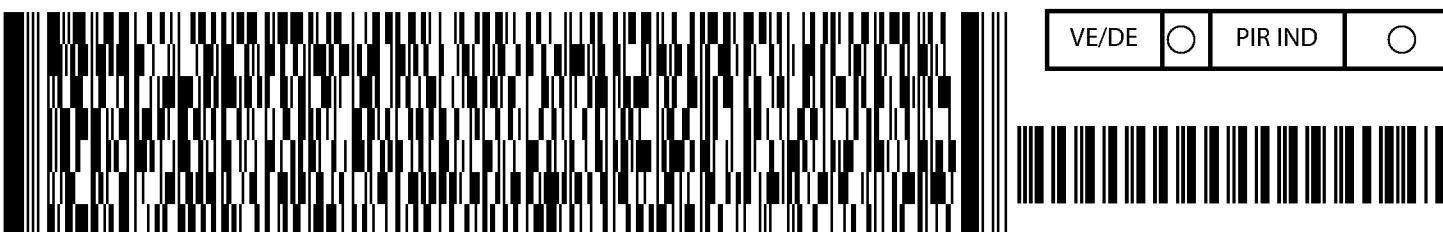
Registered agent and registered office currently on file (see instructions if you need to make changes)
Agent: **MICHELLE KINNEY** You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Office: 2406 HARRIS BLVD	City AUSTIN	State TX	ZIP Code 78703
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here 	Title ROBERT KINNEY	Date 05/11/2016	Area code and phone number (512) 636 - 1395
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Texas Comptroller Official Use OnlyVE/DE PIR IND 

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Taxpayer name

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Name	Title	Director <input type="radio"/> YES	Term expiration <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Mailing address	City	State <input type="radio"/> ZIP Code	
Name	Title	Director <input type="radio"/> YES	Term expiration <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Mailing address	City	State <input type="radio"/> ZIP Code	
Name	Title	Director <input type="radio"/> YES	Term expiration <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Mailing address	City	State <input type="radio"/> ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution COUNSEL UNLIMITED LLC	State of formation TX	Texas SOS file number, if any 0801654770	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: MICHELLE KINNEY		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
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sign here 	Title ROBERT KINNEY	Date 05/11/2016	Area code and phone number (512) 636 - 1395
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		VE/DE <input type="radio"/>	PIR IND <input type="radio"/>